

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

## Weekly Bulletin

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GUY P. JONES  
EDITOR

### *Vital Statistics Important in California*

The California Bureau of Vital Statistics was organized in 1905, the actual state recording of births, deaths and marriages beginning in July of that year. Dr. N. K. Foster, who was Secretary of the California State Board of Health at that time, was largely instrumental in the enactment of legislation which led to the state recording of vital statistics.

Mr. George D. Leslie was appointed State Registrar, which office he held until the time of his death in 1919. Mr. Leslie was an honor student in the University of California and, following his graduation, received appointment as a special assistant in the United States Bureau of the Census. Just prior to the taking of the 1900 census, appointments were given to specially qualified students in all of the leading universities of the country, one being selected from each institution. Mr. Leslie received this appointment at the hands of Benjamin Ide Wheeler, President of the University at that time.

After proceeding to Washington, Mr. Leslie was detailed in the making of special statistics relating to the printing industry of New York City for use in the 1900 Federal Census. After the report for that year was finished, he was detailed to special investigational work under Professor Wilcox at Cornell University. When the California Bureau of Vital Statistics was organized, Mr. Leslie was selected as its director from among a large field of experts from all over the United States. His work in the organization of the bureau, the painstaking care with which he compiled elaborate statistical data, make it impor-

tant that this tribute to his work and to his ability as a statistician be mentioned here.

It is not generally known that an act which required the state registration of vital statistics was in force in California during the years 1858 and 1859, less than a decade after the state government was organized. Mr. Edward R. Campbell was appointed State Registrar and he held this office for the two years that the act was in effect. Under the provisions of the law prior to that time, a fee of \$1 for each certificate filed was shared equally by the county recorder and the county treasurer. Under the provision of the State Registration Act, which went into effect in 1859, provision was made for the state registrar to also share in the division of the \$1 fee. As a matter of fact, Mr. Campbell never received his share and it became necessary for the legislature to compensate him for the twenty-four months that the act was in force. The repeal of this act was due wholly to the lack of cooperation from the county officials.

During the years between 1859 and 1905, registration of births, deaths and marriages was carried on in desultory fashion in the various counties of this state. Births were seldom recorded; deaths were occasionally registered, but marriage records were almost always entered upon the books of the county recorders. Some of the mountain counties today have vital statistics records which date back to 1846 and 1850. As a matter of fact, however, no complete registration of vital statistics became effective until 1905. Since that date registration has been nearly complete and



has been carried on continuously. California was admitted to the United States death registration area in 1905, and the state was entered in the United States birth registration area in 1917.

#### DR. TRUE GOES TO SACRAMENTO

Dr. Herbert E. True, who has been connected with the San Francisco City Health Department for the past four years, has been appointed City Health Officer of Sacramento and will begin his new duties the middle of September. Dr. J. Howard Hall has been City Health Officer of Sacramento for several years, serving on a part-time basis. Dr. True will devote all of his time to the duties of the office. His appointment was made by City Manager James S. Dean, who is responsible for the inauguration of the new plan for the administration of public health in the capital of the state.

Among other changes in the personnel of health departments are the following:

Dr. W. E. Coppedge succeeds Dr. A. Gibson as Health Officer of Modoc County.

Dr. L. R. Hillyer has been appointed City Health Officer of Los Banos to succeed Dr. R. Jadarola.

The City of Soledad, in Monterey County, has transferred the work of its health department to the Monterey County Health Department, of which Dr. Roy Macleay Fortier is Health Officer. Mr. Jesse P. Hansen has been serving as City Health Officer of Soledad.

#### BOARD HONORS DR. W. M. DICKIE

The California State Board of Public Health at its meeting held in San Francisco on August 9, 1930, adopted the following resolution, offered by Dr. Adelaide Brown, in recognition of the services rendered by Dr. Walter M. Dickie, as Secretary of the Board and Director of the State Department of Public Health, as this date marks the tenth anniversary of his appointment as a member of the Board:

The California State Board of Public Health wishes to express by appropriate resolution its appreciation of the long service of Doctor Dickie as executive officer of the Board and to voice the hope that a second ten years of service will be granted him for the cause of public health in California.

The doctor is the first person we meet when we come into the world, and unless we go out by accident, he is the last with us when we leave it. Such devotion is worthy of the highest praise, and that is often all the doctor gets for it.—*Lampton.*

#### CALIFORNIA PUBLIC HEALTH NURSING RECEIVES PRAISE

At a joint session of national nursing organizations, in biennial convention at Milwaukee, June 10, 1930, Pearl McIver, Director of Public Health Nursing, State Board of Health, Missouri, presented a paper entitled, "Public Health Nursing Legislation." Miss McIver credited California with having the best public health nursing legislation of any state. She also said that California, at the present time, has the highest requirements for public health nurses of any state in the union.

One of the important points brought out in the paper was the fact that a health program, or any other kind of a program, can not be legislated onto a community. The desire for the program or service must be created first. It is only when the community has come to realize the need for the service that mandatory legislation is possible. Miss McIver believes that legislation which delegates the regulation of public health nursing to a specific department or agency is preferable to special regulations in the statutes.

The following is an extract from Miss McIver's paper:

In the interest of progress, most health administrators believe that legislation which delegates general authority to a specific department or agency is preferable to specific regulations in the statutes. This point has already been mentioned in regard to nursing requirements and it also applies to the naming of maximum salaries and to defining duties. In one instance a state prohibits a county court from paying the public health nurse a salary of more than eighteen hundred dollars per year. That may be a fair salary in certain sections of the country at present, but the time is likely to come when it will not be possible to secure a well qualified nurse for that salary. Another state fixed the salary at one hundred dollars per month, which may have been adequate when the law was passed, but would not be a fair salary today.

California's public health nursing law is considered to be one of the most effective examples of good legislation and it illustrates this point very well. To quote it:

"The board of supervisors of any county may employ one or more public health nurses each of whom shall be a registered nurse, possessing such qualifications as may, at the date of her employment, be prescribed by the State Department of Health. Her compensation and duties are to be determined by the board of supervisors.

It will be noted that this law implies that there will be special requirements in addition to state registration, and that these requirements will be changed from time to time. No salary is specified, neither are the duties defined, but the responsible agency is named and the well qualified nurse will see that her board of



supervisors is kept informed concerning both these items. Incidentally, California has the highest requirements for public health nurses of any state in the union at present.

#### PUBLIC HEALTH NURSING AN INTEGRAL PART OF THE PROGRAM

A final factor which will influence public health nursing legislation in the future is the growing tendency to consider public health nursing, not as an isolated activity, but as an integral part of every well rounded public health program. In the past nurses have sometimes been accused of creating an interest in public health nursing but of failing to make their communities realize that nursing is but one phase of a complete health program. An efficient public health nurse knows that the neglect of the sanitary engineering program or the curtailment of the laboratory facilities is as serious a menace to community health as is the reduction of her own staff. She will feel an equal responsibility in promoting every phase of the health program. It may be many years before public health departments are entirely removed from political dominance, but it is well for us to remember that public sentiment and a report of achievement are far more potent factors in guaranteeing the permanency of a service than is the most skilfully drafted law.

Thus, so far as their specialty is concerned, public health nurses should seek that legislation which will be of the greatest benefit to the whole profession of public health, but when legislation which affects the status of professional nursing is to be considered, public health nurses must be vitally concerned. The title "R.N." must mean that the nurse has had at least a high school education and that she has had a complete, well rounded nursing experience or she will not be capable of securing that additional preparation which is needed for public health nursing work.

#### GENERAL HEALTH LAWS PUBLISHED

A new edition of the public health laws of California entitled "General Health Laws" has been received from the printer and copies are available for all who may be interested. The new edition contains public health legislation enacted by the 1929 Legislature.

There is an old saying that interest does not bind men together: interest separates men; there is only one thing that can effectively bind people, and that is a common devotion.—*Harvey Cushing*.

Most men have died without creating; not one has died without destroying.—*Dumas*.

#### LIST OF DISEASES REPORTABLE BY LAW

ANTHRAX	MUMPS
BERI-BERI	OPHTHALMIA NEONATORUM
BOTULISM	PARATYPHOID FEVER
CEREBROSPINAL MENINGITIS (Epidemic)	PELLAGRA
CHICKENPOX	PLAGUE
CHOLERA, ASIATIC	PNEUMONIA (Lobar)
COCCIDIOIDAL GRANULOMA	POLIOMYELITIS
DENGUE	RABIES (Animal)
DIPHTHERIA	RABIES (Human)
DYSENTERY (Amoebic)	ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
DYSENTERY (Bacillary)	SCARLET FEVER
ENCEPHALITIS (Epidemic)	SMALLPOX
ERYSIPELAS	SYPHILIS
FLUKES	TETANUS
FOOD POISONING	TRACHOMA
GERMAN MEASLES	TUBERCULOSIS
GLANDERS	TULAREMIA
GONOCOCCUS INFECTION*	TYPHOID FEVER
HOOKWORM	TYPHUS FEVER
INFLUENZA	UNDULANT (Malta) FEVER
JAUNDICE (Infectious)	WHOOPING COUGH
LEPROSY	YELLOW FEVER
MALARIA	
MEASLES	

#### QUARANTINABLE DISEASES

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA, ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAGUE	YELLOW FEVER

#### PUBLIC HEALTH NURSES EXAMINATION ANNOUNCED

The next examination for public health nurses, given by the State Board of Public Health will be held August 23, 1930.

It is impossible for anyone to begin to learn what he thinks he already knows.—*Epictetus*.

#### MORBIDITY\*

##### Diphtheria.

41 cases of diphtheria have been reported, as follows: Alameda County 1, Berkeley 1, Oakland 2, Fresno County 2, Azusa 1, Burbank 1, Glendale 1, Los Angeles 17, Redondo 2, Orange County 1, Santa Ana 4, Riverside 1, San Francisco 2, San Joaquin County 1, San Luis Obispo 1, Petaluma 1, Sutter County 2.

##### Scarlet Fever.

34 cases of scarlet fever have been reported, as follows: Alameda County 1, Berkeley 2, Livermore 1, Oakland 1, Gridley 1, Fresno County 1, Bakersfield 1, Azusa 1, Long Beach 1, Los Angeles 7, Pomona 1, Salinas 1, Huntington Beach 1, Colton 1, San Francisco 3, Manteca 2, Tracy 1, San Luis Obispo 2, Santa Clara County 1, Watsonville 1, Sutter County 2, Yolo County 1.

##### Measles.

84 cases of measles have been reported, as follows: Oakland 1, Fresno County 3, Fresno 1, Kern County 1, Los Angeles County 3, Avalon 2, Glendora 1, Huntington Park 1, La Verne 3, Long Beach 3, Los Angeles 16, Santa Monica 4, Sierra

\* From reports received on August 11th and 12th for week ending August 9th.



Madre 1, Maywood 2, Riverside County 7, Sacramento 2, San Diego County 6, Oceanside 2, San Diego 16, San Francisco 2, Stockton 1, Tracy 2, Palo Alto 2, San Jose 1, Santa Cruz County 1.

#### Smallpox.

15 cases of smallpox have been reported, as follows: Alameda County 2, Kern County 2, Los Angeles County 1, Roseville 1, Colton 1, Santa Cruz County 1, Santa Cruz 1, Yreka 1, Vallejo 2, Modesto 1, Tulare County 2.

#### Typhoid Fever.

25 cases of typhoid fever have been reported, as follows: Berkeley 1, Fresno 1, Los Angeles County 1, Los Angeles 2, Madera 1, Salinas 1, Napa County 2, Orange County 2, Sacramento County 1, Stockton 1, Modesto 2, Red Bluff 1, Tulare County 6, Visalia 1, California 2.\*\*

#### Whooping Cough.

108 cases of whooping cough have been reported, as follows: Alameda 2, Berkeley 3, Livermore 1, Oakland 5, Los Angeles County 3, Beverly Hills 1, Huntington Park 1, Inglewood 1, Long Beach 2, Los Angeles 29, Pomona 3, Santa Monica 5, South Gate 1, Maywood 1, Riverside County 15, Sacramento 1, San Diego County 1, San Diego 10, San Francisco 8, Tracy 2, San Luis Obispo County 1, Arroyo Grande 5, San Jose 5, Vallejo 2.

#### Poliomyelitis.

56 cases of poliomyelitis have been reported, as follows: Alameda 1, Williams 1, Los Angeles County 3, Burbank 1, Glendale 4, Long Beach 5, Los Angeles 20, Montebello 1, Pomona 1,

Santa Monica 2, Lynwood 1, Maywood 1, Orange County 1, Riverside 2, San Diego County 1, San Diego 3, San Francisco 3, Santa Barbara 2, Santa Clara County 1, Sonoma County 1, Tulare County 1.

#### Meningitis (Epidemic).

2 cases of epidemic meningitis have been reported, as follows: Los Angeles County 1, Los Angeles 1.

#### Encephalitis (Epidemic).

Riverside County reported one case of epidemic encephalitis.

#### Trichinosis.

Oakland reported 2 cases of trichinosis.

#### Food Poisoning.

3 cases of food poisoning have been reported, as follows: Imperial County 2, Los Angeles 1.

#### Undulant Fever.

2 cases of undulant fever have been reported, as follows: Los Angeles County 1, Fullerton 1.

#### Tularemia.

Monterey County reported one case of tularemia.

#### Coccidioidal Granuloma.

Tulare County reported one case of coccidioidal granuloma.

\*\* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

### COMMUNICABLE DISEASE REPORTS

Disease	1930				1929			
	Week ending			Reports for week ending Aug. 9 received by Aug. 12	Week ending			Reports for week ending Aug. 10 received by Aug. 13
	July 19	July 26	Aug. 2		July 20	July 27	Aug. 3	
Actinomycosis	0	1	0	0	0	0	1	0
Chickenpox	57	59	28	29	83	65	55	39
Coccidioidal Granuloma	0	2	2	1	2	3	1	0
Dengue	0	0	0	0	0	0	1	0
Diphtheria	51	29	29	41	39	33	49	32
Dysentery (Amoebic)	1	2	0	2	0	0	3	0
Dysentery (Bacillary)	2	1	2	7	7	0	8	556
Encephalitis (Epidemic)	0	1	0	1	3	1	6	2
Erysipelas	12	13	10	14	11	12	15	8
Food Poisoning	0	34	27	3	41	1	20	0
German Measles	3	4	5	7	17	4	5	5
Gonococcus Infection	171	136	97	183	135	93	116	92
Hookworm	0	1	0	0	0	0	0	0
Influenza	21	11	10	6	5	7	14	8
Jaundice (Epidemic)	0	0	0	0	0	0	1	0
Leprosy	1	1	0	0	0	0	1	0
Malaria	1	5	10	3	2	3	6	5
Measles	336	238	162	84	44	57	35	17
Meningitis (Epidemic)	1	6	5	2	15	16	9	5
Mumps	163	105	81	66	137	109	132	89
Ophthalmia Neonatorum	0	0	1	0	1	0	0	0
Paratyphoid Fever	1	0	0	1	2	0	0	1
Pellagra	0	2	4	2	2	0	2	0
Pneumonia (Lobar)	20	21	25	17	34	23	71	23
Poliomyelitis	97	89	76	56	4	4	2	4
Rabies (Animal)	17	18	8	11	21	7	17	7
Scarlet Fever	40	49	29	34	100	108	70	76
Smallpox	18	8	22	15	27	28	13	31
Syphilis	162	200	154	185	131	139	266	117
Tetanus	1	2	1	2	1	3	2	2
Trachoma	1	1	5	1	2	1	1	2
Trichinosis	0	0	0	2	0	0	0	0
Tuberculosis	157	189	191	196	177	221	210	172
Tularemia	0	0	1	1	0	2	0	0
Typhoid Fever	18	35	31	25	13	27	35	17
Typhus Fever	0	0	0	0	0	0	1	0
Undulant Fever	3	0	1	2	0	3	1	0
Whooping Cough	168	151	109	108	164	176	173	140
Totals	1,523	1,414	1,126	1,107	1,220	1,146	1,342	1,450

**Epidemic Poliomyelitis  
Dropped Twenty-five Per Cent  
in Prevalence Over the Preced-  
ing Week.**

**Typhoid Fever is Here.**

**Measles Dropped to 84 Cases  
Reported Last Week.**

**Most of the Reportable Dis-  
eases Are at Low Ebb.**